

Network members should use this form to request an existing network circuit be disconnected. A separate form must be used for each circuit to be disconnected. Please complete the information below, and fax the form to 317.233.9000. If you would rather e-mail the form, please contact the program manager for your member segment. Contact information may be found on our Web site at www.itn.in.gov. Please allow a minimum of two business days to process a disconnect order.

Circuit Disconnect Order Confirmation Form							
Dates Reque			equesting circuit to be disconnected by this date:				
		Do NOT d	Do NOT disconnect circuit before this date:				
Name of Organizat	ion						
Name & Title of Co	ntact						
Street Address							
City, State, Zip							
Phone Numbers:		Office		Mobile	Other		
E-mail address(es)					<u>'</u>		
REASON FOR DISCO	ONNECT						
Circuit to Disconnect							
Type of Circuit (please check one below):							
56K	25	56K	T-1	56 K Tail Circuit	T-1 Tail Circuit	DS-3	
IF KNOWN , please verify the circuit to be disconnected by indicating the circuit order number and the local exchange carrier (LEC) number. These numbers may be located on the "smart jack," where the circuit enters the building.							
Circuit ID Number							
Local Exchange Carrier (LEC) Number							

Important Information About Disconnecting Circuits:

- Network staff will not disconnect any circuit until written approval (i.e., this form) has been received from the member.
- Members are responsible for any penalty charges associated with early disconnects of circuits.
- DS3 circuits are installed with a 24-month contracted agreement.
- All other circuits are installed with a 12-month contracted agreement.
- Members are responsible for any overlap charges that may occur until the disconnection takes effect. Once a disconnect order is placed with the service provider, the billing will continue for 30 days.